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** CONTINUING DATA *****

This appln claims benefit of 60/245,306 11/02/2000

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		MA	26	34	2
Verified and Acknowledged	(AMANDA L. LAURITZEN/ Examiner's Signature)		Initials			

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TITLE

In vivo multiphoton diagnostic detection and imaging of a neurodegenerative disease

FILING FEE RECEIVED 661	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit